



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 138403		3. This Statement covers From: <u>08/16/08</u> to <u>10/19/08</u>							
2. Committee Name Jeno Cram for a new New Haven		4. Candidate Last Name <u>Cram</u> First Name <u>Jeno</u> M.I. <u>E</u> 4a. Office Sought Including District # or Community Served (If applicable) President - Village of New Haven 4b. County of Residence <u>Macomb</u>							
5. Committee's Mailing Address 57183 Decora Park Ct New Haven, MI 48048 Area Code and Phone <u>(586) 484-5643</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address Jeno Cram 57183 Decora Park Ct New Haven, MI 48048 Area Code & Phone <u>(586) 484-5643</u>							
7. Treasurer's Business Address 57183 Decora Park Ct New Haven, MI 48048 Area Code and Phone <u>(586) 484-5643</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____							
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <table><tr><td><input type="checkbox"/> Primary</td><td><input checked="" type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Convention</td><td><input type="checkbox"/> School</td></tr><tr><td><input type="checkbox"/> Special</td><td><input type="checkbox"/> Caucus</td></tr></table> Date of Election, Convention or Caucus <u>11/04/08</u>				<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Convention	<input type="checkbox"/> School	<input type="checkbox"/> Special	<input type="checkbox"/> Caucus
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General								
<input type="checkbox"/> Convention	<input type="checkbox"/> School								
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus								
9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.									
<small>A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.</small>									
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.									
Current Treasurer or Designated Record keeper Jeno Cram Type or Print Name		Signature <u>Jeno Cram</u> Date <u>10/21/2008</u>							
Candidate Jeno Cram Type or Print Name		Signature <u>Jeno Cram</u> Date <u>10/21/2008</u>							



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138403

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Jeno Cram for a new New Haven

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>951.36</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>951.36</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>951.36</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>951.36</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$0.00</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>951.36</u>	
	(15.) = \$	<u>951.36</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>951.36</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138403

2. Committee Name Jeno Cram for a New New Haven

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/08</u> Name & Address: <u>Jeno Cram</u> <u>57183 Decora Park Ct</u> <u>New Haven, MI 48048</u>		\$ <u>151.14</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>System Administrator</u> Employer <u>The Computer Merchant</u> Business Address <u>38111 Van Dyke, Sterling Heights, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/08</u> Name & Address: <u>Jeno Cram</u> <u>57183 Decora Park Ct</u> <u>New Haven, MI 48048</u>		\$ <u>286.00</u>	\$ <u>437.14</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>System Administrator</u> Employer <u>The Computer Merchant</u> Business Address <u>38111 Van Dyke, Sterling Heights, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/08</u> Name & Address: <u>Jeno Cram</u> <u>57183 Decora Park Ct</u> <u>New Haven, MI 48048</u>		\$ <u>93.03</u>	\$ <u>530.17</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>System Administrator</u> Employer <u>The Computer Merchant</u> Business Address <u>38111 Van Dyke, Sterling Heights, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/10/08</u> Name & Address: <u>Jeno Cram</u> <u>57183 Decora Park Ct</u> <u>New Haven, MI 48048</u>		\$ <u>20.00</u>	\$ <u>550.17</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>System Administrator</u> Employer <u>The Computer Merchant</u> Business Address <u>38111 Van Dyke, Sterling Heights, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$550.17**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138403

2. Committee Name Jeno Cram for a New New Haven

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/14/08</u>	
Name & Address: <u>Jeno Cram</u> <u>57183 Decora Park Ct</u> <u>New Haven, MI 48048</u>		\$ <u>364.50</u>	\$ <u>914.67</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>System Administrator</u> Employer <u>The Computer Merchant</u> Business Address <u>38111 Van Dyke, Sterling Heights, MI 48312</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/09/08</u>	
Name & Address: <u>Jeno Cram</u> <u>57183 Decora Park Ct</u> <u>New Haven, MI 48048</u>		\$ <u>36.69</u>	\$ <u>951.36</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>System Administrator</u> Employer <u>The Computer Merchant</u> Business Address <u>38111 Van Dyke, Sterling Heights, MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
Name & Address: _____ _____ _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$401.19

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$951.36

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138403
2. Committee Name Jeno Cram for a New New Haven

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Vista Prints Address www.vistaprint.com <input type="checkbox"/> Fund Raiser	Purpose: <u>Business Cards and advertisement materials</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/18/08</u> Date	<u>\$ 151.14</u>
Expenditure #2 Name Premium Graphicx Address 5512 Mitchelldale Houston, TX 77092 <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/08</u> Date	<u>\$ 286.00</u>
Expenditure #3 Name Staples Inc. Address 51382 Gratiot Ave, Chesterfield Township, MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Supplies for post card mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/08</u> Date	<u>\$ 93.03</u>
Expenditure #4 Name New Haven Community Schools Address 58233 Gratiot Ave P.O. Box 482000 New Haven, MI 48048 <input type="checkbox"/> Fund Raiser	Purpose: <u>Meeting room deposit</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/08</u> Date	<u>\$ 20.00</u>
Expenditure #5 Name New Haven Post Office Address New Haven, MI 480489998 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps for postcard</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/08</u> Date	<u>\$ 364.50</u>

Subtotal this page **\$914.67**
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **138403**
2. Committee Name **Jeno Cram for a New New Haven**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Lenox Township Address 63975 Gratiot Ave Lenox, MI 48050 <input type="checkbox"/> Fund Raiser	Purpose: Registered Voter List <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/09/08 Date	\$ 36.69
Expenditure #2 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #3 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **\$36.69**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$951.36**
Enter this total
on line 8a of
Summary Page